NTI-029

U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

**Attorney Docket Number** 

**DECLARATION FOR UTILITY OR** 

PATENT APPLICATION				First N	First Named Inventor Fang-Cheng Chang					
					С	OMPLETE I	F KNOWN			
(37 CFR 1.63)					ation Number	Fi	iled Herewith			
Declaration Submitted OR with Initial Filing		Declaration Submitted after Initia	Filing I	Date	Fi	led Herewith				
		Filing (surcharge (37 CFR 1.16(e))		Group Art Unit		unknown				
			required)	Exami	ner Name	ur	nknown	· · · · · · · · · · · · · · · · · · ·		
As a holow as	mod layon	tor I ho	reby declare that:							
		•	and citizenship are as st	ated below	next to my name	).				
I believe I am	the origina	l, first a	and sole inventor (if only abject matter which is cl	one name	is listed below)	or an original				
MET	HOD O	F INC	CORPORATINO VARIOU		ABERRAT CESS FLOV		ORMATION	INTO		
<u></u>			(	Title of the I	nvention)					
the specificati is atta	on of which ched heret									
	ed on (MM	/DD/YY	YY)		as United	States Applic	ation Number or P	CT International		
Application Num	nber	and v	vas amended on (MM/D	D/YYYY) [	(if applica	able).				
amended by an I acknowledge t in-part application	y amendme he duty to o ons, materi	ent spec disclose al inforr	ved and understand the ifically referred to above information which is mation which became a continuation-in-part app	e. aterial to pa vailable bet	tentability as def	ined in 37 CF	- R 1.56, including t	for continuation-		
breeders rights United States of	certificate( of America, ant breeder	s), or 3 listed	fits under 35 U.S.C. 11 65(a) of any PCT inter below and have also i cate(s), or any PCT inter	national ap	plication which o slow, by checkin	designated at ng the box, a	least one country iny foreign applica	other than the ation for patent,		
Prior Foreign A Number				Filing Date D/YYYY)	Priority Not Claimed		Certified Cop YES	y Attached? NO		
N/A				, ,						
☐ Additional foreign application number										
					DTO/00/	/OOR attropod horsto:				
I hereby claim ti	ne benefit u	nder 35	U.S.C. 119(h) of any U	supplement	ai priority data sr s provisional app	lication(s) list	U2B aπached nere	(0:		
	tion Number			ate (MM/DD		noution(s) not	CG DOIOVE.			
N/A						Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number **DECLARATION** — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Parent Filing Date **Parent Patent Number** U.S. Parent Application or PCT Parent Number (if applicable) (MM/DD/YYYY) N/A Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Place Customer 022888 Patent and Trademark Office connected therewith: Customer Number Number Bar Code Label here OR Registered practitioner(s) name/registration number listed below Registration Registration Number Name Number Name Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number OR Correspondence address below 022888 or Bar Code Label Name Address State ZIP City +1 (408) 451-5907 Fax +1 (408) 451-5908 Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle (if any) Family Name or Surname Chang Fang-Cheng 01 Date Inventor's Signature US US State ÇA Country Citizenship Residence: City Sunnyvale **Mailing Address** 1361 Yukon Terrace ZIP 94087 US Sunnyvale State CA Country City

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor								
Given Name	Family Name or Surname											
		Pierrat										
Inventor's Signature	CH	Haria .					Date		105/01			
Residence: City	/ Santa Clara	State	CA		Country	US	Citizenship		rance			
Mailing Address	Address 420 Riverside Court, Apt. 307											
City	Santa Clara	State	CA		ZìP	95054	Country		US	_		
Name of Additional	Joint Inventor,	if any:	A petition has been filed for this unsigned inventor									
Given Name (first and middle (if any)				Family Name or Surname								
	Weed											
Inventor's Signature		red				Date [[	5	01				
City	Sabilose	State	CA		Country	US	Citizenship		, JS			
Mailing Address 5959 Larabee Court												
City	San Jose	State	CA		ZIP	95120	Country		us			
Name of Additional	A petition has been filed for this unsigned inventor											
Given Name	Family Name or Surname											
Inventor's Signature		Date										
City				Country	US	Citizenship						
Mailing Address												
City		State			ZIP		Country		us			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.